

Special Article - Physical Medicine

Physical Medicine and Rehabilitation Surmounting the Hiatus between Disease and Health Related Quality of Life

Rahman MS*

Department of Physical Medicine and Rehabilitation,
Bangabandhu Sheikh Mujib Medical University,
Bangladesh

*Corresponding author: Shahidur Rahman,
Department of Physical Medicine and Rehabilitation,
Bangabandhu Sheikh Mujib Medical University, Dhaka,
Bangladesh

Received: March 27, 2018; Accepted: April 02, 2018;

Published: April 09, 2018

Editorial

The ultimate goal of management of all critical illnesses are to rehabilitate the patient up to optimum functional level and achieving quality of life and quality adjusted life years. Quality health care can be defined as providing the best possible outcome, safety and service. Quality patient care should be the first priority of every rehabilitation specialist [1]. Physiatrist or specialty of physical medicine and rehabilitation has been recognized as a method that can restore the functional capabilities of patients with disabilities or chronic diseases to become participants in their home and community. Successful rehabilitation to the level at which the individual can participate in the society provides is the basis for the restoration of hope and aspiration for creativity [2]. Medicine has been making highly significant progress in providing better health services. Acute medical and surgical services have successfully decreased mortality and extended life expectancy. As the success of surgical and medical care's increases, the proportions of patients survive to aged population group increases. Most of the aged people survive with chronic disease and disability, which require more rehabilitation. With the growing of geriatric population, the health care delivery system will be burdened with patients suffering from chronic diseases of musculoskeletal and neurological system. At the same time physiological reserves also declines in aged population. Due to physiological constraints of kidney, liver and many other organs in aged people, the role of pharmacological agents in ameliorating the symptoms has also become limited. Different modalities of physical treatment including exercise used in physical medicine helps the patients in alleviating pain and disability as well as reduce the vulnerability to detrimental

effects of drugs in old age [3]. After the pain is over it is essential to return the patient to his or her premorbid or optimum functional status by a comprehensive process what we called rehabilitation. Before rehabilitation we need to categorize individual's disability according to international classification of impairments, disabilities and handicap of world health organization. [4]. The core outcome instruments for functional ability in rehabilitation medicine is Functional Independent Measures (FIM) [5]. Rehabilitation intervention should be goal oriented and outcome should be assessed by recognized measuring parameters. Rehabilitation in a gross sense means to make fit again. The rate of growth of the concepts, knowledge and application of rehabilitation has also been rapid. The various medical specialties always have had different goals for the services they render, many of which leave the patients only partially restored. If such limited intervention is not followed by comprehensive medical care asking optimum functional recovery, the goal of the treatment remains unresolved. The highest quality of life attainable for any diseased person is the achievement of optimal function, resulting in using the entire asset that each person has. We need to relate costs involved to the product obtained from medical care. There is an economic efficiency to be considered and also a human efficiency. The practice of rehabilitation medicine does not differ from that of medicine. This is an extension of general disease focused medical intervention. The biomedical model emphasized diagnosis of illnesses and focused on prevention, treatment and application of processes that enrich health related quality of life, the prime indicator of overall quality of life.

References

1. Braddom RL. Quality and outcome measures for medical rehabilitation In Physical Medicine and Rehabilitation. 4th edition. 2011; 159-169.
2. Kottke FJ, Lehmann JF. In Krusen's handbook of Physical Medicine and Rehabilitation . 1990; 17-25.
3. Rahman MS. Preface to second edition, In Manual of Physical Medicine and Rehabilitation. Protashna Taslima Khan. 2017; 5-6.
4. World Health Organization: International Classification of Function, Disability and Health ICF. Geneva. 2001.
5. Uniform data system for medical rehabilitation. Guide for the uniform data set for medical rehabilitation (adult FIM). Version 4.0. Buffalo 1993.